

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42769**
10510
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis State Hospital		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3152 Louisiana		2061	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital				d. STREET ADDRESS (If rural, give location) 6 3352 Clara Ave			
3. NAME OF DECEASED (Type or Print) Ida Rosenthal		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month/Day/Year) 12/8/50		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH (unknown)		9. AGE (In years last birthday) ab. 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (State or foreign country) Lithuania	
12. CITIZEN OF WHAT COUNTRY? (unk)		13a. FATHER'S NAME Joseph B. Goldberg		13b. MOTHER'S MAIDEN NAME Sarah H. (unk)		14. NAME OF HUSBAND OR WIFE Nathan Rosenthal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Nathan Rosenthal 3352 Clara			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pre-frontal Lobotomy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12/8/50 4:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3/8.3			
22. I hereby certify that I attended the deceased from Jan. 6 1947, to Dec. 8 1950, that I last saw the deceased alive on Dec. 8 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clark R. Ridelman MD				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 12/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/10/50		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag Cem.		24d. LOCATION (City, town, or county) (State) Ladue, Missouri	
DATE REC'D BY LOCAL REG. DEC 10 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.